



Testimony of Christine Bechtel
National Partnership for Women & Families
Hearing on Efforts to Promote the Adoption and Meaningful Use of Health Information
Technology
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Good afternoon Mr. Chairman, Congressman Herger, and distinguished members of the subcommittee. My name is Christine Bechtel and I am Vice President of the National Partnership for Women & Families. Just over a year ago, I was also appointed by the Government Accountability Office (GAO) to serve on the Health IT Policy Committee, where I represent the consumer perspective.

The National Partnership is a non-profit, non-partisan consumer organization with almost 40 years of experience working to make life better for women and families by promoting access to quality health care, fairness in the workplace and policies that help women and men meet the dual demands of work and family. As you know, health care is central to the well-being of women and families – it is a key determinant of their quality of life, their economic security, and their ability to thrive, prosper and participate in our society.

We are privileged to lead two important coalitions of consumer organizations dedicated to changing the way health care is organized, financed and delivered. The Consumer Partnership for eHealth (CPeH) and the Campaign for Better Care together include more than 150 consumer and patient groups working to ensure that implementation of both the HITECH Act and the health reform law result in better quality, more patient-centered care, fewer disparities and better outcomes for everyone.

Health information technology (IT) plays a critical role in achieving these goals, and I am honored to be with you today to discuss the ways that the Meaningful Use of information technology will benefit patients and their families.

PATIENT-CENTERED CARE

That said, our discussion today shouldn't be about technology. It should be about the ways in which changes in health care payment and delivery can create the kind of truly patient-centered system we all envision, and that every consumer deserves.

That means designing systems around what *patients* say they want and need to improve their health outcomes. And what patients want is simple, sensible and straightforward:

- They want their doctors to talk to each other.
- They want to know that all the members of their care team have the information and support to do the best job they can.
- They want information that helps them better understand their conditions and care effectively for themselves and their family members.
- And they want a health care provider who really knows them enough to recommend treatments that make sense based on their unique needs, preferences and life circumstances.

The role of technology in delivering on this kind of patient-centered care cannot be overstated. It cannot be done right, done well or done consistently without interconnected health IT.

And the good news is, although consumers may not understand all the details of the technology and its implementation, there can be no doubt that they understand the potential that it holds. Last year, the National Partnership commissioned public opinion research with patients and caregivers, and it was clear that they quickly and intuitively recognize that health IT leads to improved communication and coordination in health care, and that these improvements lead directly to fewer medical errors, lower costs and better health outcomes. They see the benefits technology has brought to other areas of their lives and see how private and secure information technology can improve our nation's health system.

WHY THIS MATTERS

We are convinced that the regulations released last week for the Meaningful Use of health IT lay the groundwork for doing just that. By making some reasonable changes in finalizing the criteria, but standing firm against industry pressure to weaken them substantially, the Administration put us on a path to improve patient safety and coordination of care, and to make our health system more efficient. This, I believe, is what Congress intended when you coined the term "*meaningful use*." We will all benefit as private and secure electronic health records become the norm in the United States.

To that end, I'd like to highlight some of the ways that the Meaningful Use program will result in tangible improvements for patients and their families by sharing a brief story that illustrates why these regulations matter so much.

Susan Crowson is a family caregiver from my home state of Maryland who is part of our Campaign for Better Care. She looks after her father, "Pop," who has Alzheimer's disease, heart arrhythmia, prostate problems, low blood platelets, and is highly susceptible to other infections. He sees a primary care physician, a cardiologist, a urologist, a hematologist and a neurologist. Each monitors and treats a separate problem, and yet they don't talk to each other.

So Susan had to build her own spreadsheet to keep track of it all. She's given copies to members of her family and leaves copies with each doctor she visits. Every time she takes Pop to the doctor, she asks that his records be sent to his primary care physician and other specialists, but it's rarely done. When she takes her dad for lab tests every two months, she's the one who makes sure each doctor gets the results — or it doesn't happen.

Pop takes three prescription drugs, two over-the-counter drugs, and vitamins every day, as well as occasional antibiotics. These different drugs are prescribed by different doctors. When Pop's doctors prescribe a drug, they tell Susan to check with his other doctors about potential drug interactions.

By no means is Susan's situation unique. In fact, it is common. We talk every day with patients, caregivers and consumer advocates, and hear time after time about the challenges associated with gathering and updating hundreds of pages of medical records — if they can get them at all -- and toting them from one doctor to another, always knowing that no provider is likely to have full medical histories and test results. While this is extraordinarily difficult for patients, the problems are compounded when a family member tries to coordinate care for a relative who cannot navigate the health system on his or her own.

THE IMPACT OF MEANINGFUL USE FOR PATIENTS AND FAMILIES

Mr. Chairman, I am confident we can help Susan and the millions of patients and families like hers to get better care by leveraging the robust requirements that are now part of the Meaningful Use program.

This incentive program is transformative, yet achievable. By focusing on improving health care and outcomes, rather than simply automating processes and digitizing data, Meaningful Use will be a significant boost to efforts to successfully modernize our health care system. The new regulations are strong, sensible and patient-centered – just what the nation needs.

With these regulations in place, Susan wouldn't have to keep a spreadsheet to track Pop's care. If all the members of Pop's care team were Meaningful Users of health IT:

- They would maintain an up-to-date list of all of Pop's health conditions, diagnoses and medications;
- Susan would receive a summary of the care Pop received within three days of a visit to each physician;
- If Pop was admitted to the hospital, Susan could request an electronic copy of his discharge instructions; and
- If Pop's doctors chose to give her timely access to his health information, which is optional under Stage 1, Susan would be able to view his medical information at any time. This will -- and should -- become a requirement in Stage 2.

Susan also wouldn't have to ask all of Pop's doctors whether his medications interact. Under Meaningful Use, Pop's care team would:

- Maintain a list of his active medications and medication allergies;
- Check those lists for drug-drug interactions and drug-allergy problems; and
- Have the option to perform medication reconciliation each time Pop transitions from one setting to another. We are hopeful that most providers will.

Finally, Susan wouldn't bear the entire burden of ensuring that all of Pop's doctors have the information they need to do the best job they can. Meaningful use lays some important groundwork for improving care coordination and communication:

- Any time Pop transitions from the hospital to home, a Summary Care Record would be sent to his primary care physician;
- Susan would receive reminders about his follow-up care, and education resources about Pop's conditions; and
- Pop's doctors would have to perform at least one test to demonstrate that they can send his clinical information electronically to another member of his care team. While this may not sound like a lot, it reflects the current state of health information exchange. We know that the Administration is working furiously on building the kinds of policies, standards and services we need to truly create an interconnected, information-rich health system.

Stage 1 of Meaningful Use also builds the foundation for overall improvements in the quality, safety and efficiency of care. This foundation is critical to helping providers today figure out how to change the way they practice tomorrow, as the health reform law brings new payment and delivery systems. Specifically,

- The Rule requires collection of structured data on race, ethnicity, preferred language and gender (RELG). We can't eliminate health disparities if we don't have the data that allows us to first identify and target them.
- The Rule asks all Meaningful Users to report electronically on the quality of their care. All physicians will report on measures related to hypertension, smoking and obesity. The fact that all physicians who are Meaningful Users – regardless of specialty – will focus on these areas is a major step toward addressing the public health challenges that are driving a dramatic increase in chronic conditions which, in turn, are causing health costs to skyrocket.
- Finally, the rule advances a set of important criteria for protecting the privacy and security of health information. Certified EHRs will need to have key data security functionalities and standards; and providers will have to both conduct security risk assessments **and** correct identified deficiencies. In Stage 2, CMS should reconsider the HIT Policy Committee's recommendation to make compliance with state and federal privacy laws a mandatory criterion.

FORGING AHEAD

There is no doubt that the regulations released last week are a great beginning for patients and families. But our work on the Meaningful Use of health IT is far from done. For consumers, there are no more pressing challenges than improving care coordination and communication. For Meaningful Use to pay big dividends for the taxpayers who fund it, Stage 2 must enable the robust exchange of clinical information in a private and secure way across all the providers and settings involved in the patient's care.

Stage 2 should also require all providers to give patients timely, ongoing access to their own health information and – most importantly – to do so in a way that is portable, so patients can assemble all their information in a secure place of their choosing. This is key to facilitating effective self-management, the ability to correct errors and better communication with care teams.

Finally, we must ensure that health IT is used effectively to improve outcomes. The measure of patient-centered care is whether patients' health and well-being actually improves, their quality of life is as good as it can be and they have the best possible experiences in the health system. Achieving this will require a set of robust quality measures that are oriented toward measuring health outcomes, functional status and patient and caregiver experiences, so we can better understand what patients need and how to continually improve their experiences and their care.

As with our current efforts, future criteria should be driven by the goal of high quality, patient-centered care. After all, health care transformation is not about money and it is not about technology. It is about people, and leadership, and we thank you for yours.